

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Air Resources Board

Division, Department, or Region (if applicable)

Industrial Strategies Division

Street Address

1001 I Street Sacramento, CA 95814

Area Code/Phone Number

(916) 324-0356

Email

floyd.vergara@arb.ca.gov

Agency Contact (name and title)

Floyd Vergara, Chief, Industrial Strategies Division

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: 12/04/15
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Oil Price Information Service (OPIS)

Name

9737 Washingtonian Blvd., Suite 200

Gaithersburg

MD

20878

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name

\$

Amount

Name

\$

Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

San Francisco, CA

Dec 9-11, 2015

Location of Travel

Dates (month, day, year)

N/A

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☒ Auto

☐ Other

Grand Hyatt San Francisco

Name of Lodging Facility

Check Applicable Boxes

\$ 438.00

Lodging Expenses

\$

Meal Expenses

\$

Transportation Expenses

\$ 1,395.00

Other Expenses

\$ 1,833.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$ 1,833.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

OPIS will pay for the room expense and registration fee to have Mr. Vergara provide the keynote speech at their annual Low Carbon Fuel Standard workshop in San Francisco. The LCFS is a key measure in California's suite of measures to reduce greenhouse gas (GHG) emissions under AB 32.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Vergara

Floyd

Chief

ARB, Industrial Strategies

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Richard Corey

Print Name

Executive Officer

Title

12-16-15
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

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